

Family Choices

Package Codes 2,3,4, and 5

Benefit/Service	Children of Caretaker Relatives	Categorically Needy Children	KCHIP Children – Medicaid Expansion Program	KCHIP Children – Separate CHIP Program
Medical Out-of-Pocket Maximum	\$225 per 12 months	\$225 per 12 months	\$225 per 12 months	\$225 per 12 months
Pharmacy Out-of-Pocket Maximum	\$225 per 12 months	\$225 per 12 months	\$225 per 12 months	\$225 per 12 months
Acute Inpatient Hospital Services	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Laboratory, Diagnostic and Radiology Services	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Outpatient Hospital/ Ambulatory Surgical Centers	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Physician Office Services*	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Behavioral Health Services**	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Allergy Services	\$0 co-pay	\$0 co-pay	<ul style="list-style-type: none"> • \$2 co-pay for office visit and testing • \$0 co-pay for injections 	<ul style="list-style-type: none"> • \$2 co-pay for office visit and testing • \$0 co-pay for injections
Preventive Services	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Emergency Ambulance	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay

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Dental Services Including but not limited to two cleanings per 12 months, one set of x-rays per 12 months, and extractions	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Family Planning	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Occupational Therapy Limited to 15 visits per 12 months	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Physical Therapy Limited to 15 visits per 12 months	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Speech Therapy Limited to 15 visits per 12 months	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Hospice (non-institutional)	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Non-Emergency Transportation	\$0 co-pay	\$0 co-pay	\$0 co-pay	Not Covered

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Chiropractic Services Limited to seven visits per 12 months	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Prescription Drugs	\$0 co-pay	\$0 co-pay	\$1 generic \$2 preferred \$3 non-preferred brand prescriptions	\$1 generic \$2 preferred \$3 for non-preferred brand prescriptions
Emergency Room	\$0 co-pay	\$0 co-pay	5% coinsurance for non-emergency use	5% coinsurance for non- emergency use
Hearing Aids \$1,400 maximum per ear every 36 months	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Audiometric Services One audiologist visit per 12 months	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Vision Services \$400 maximum on eyewear per 12 months	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Prosthetic Devices \$1,500 maximum per 12 months	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay

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Home Health Services Limited to 25 visits per 12 months	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
DME	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Early Periodic Screening and Diagnosis (EPSD)	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Treatment (T) Services for Conditions Identified Through Early Periodic Screening and Diagnosis (EPSDT)	\$0 co-pay	\$0 co-pay	\$0 co-pay	Not Covered
Substance Abuse EPSDT only	\$0 co-pay	\$0 co-pay	\$0 co-pay	Not Covered

* **Physician Office Services** includes physicians, certified pediatric and family nurse practitioners, nurse midwives, FQHCs, rural health clinics (RHCs), primary care centers (PCCs) and physician assistants.

****Behavioral Health Services** include mental health rehab/stabilization, behavioral support, psychological services and inpatient psychiatric services.